INFORMATION

Purpose and Progress of the Hospital Survey in California

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To attain the proper integration and extension of hospital services to meet the public need requires the complete support and cooperation of all groups in a body politic. That a beginning has been made is evidenced by an increasing realization that the hospital is a responsibility of the community and not of the individual. This communal interest demands equal participation and cooperation from those administering the institution, the physicians working in it, and the general public whose members will make use of the facility. The closer such cooperation is the better will the hospital fulfill its functions in the area as the distributing center for all types of medical service—preventive, diagnostic, therapeutic—and for the continuing education of doctors, dentists, nurses and the related professions.

The Commission on Hospital Care is a non-government public service committee, inaugurated by the American Hospital Association prior to the introduction of legislation in the Congress concerned with hospital construction, and is to study hospital service in the United States. This commission planned the state surveys and inventories of hospital facilities and is assisting state study groups by providing technical consultants and by tabulating data from questionnaires.

The public is becoming more hospital-minded and realizes that such institutions are a necessity. In our California hospitals the standards of service are high and, compared to other countries, we have more beds per population unit. However, the distribution of these facilities is by no means equal, many areas being under-supplied or with none.

How may these inequalities best be done away with? Surely not by uncoordinated and local planning controlled by local prejudices.

Broad planning on a state-wide basis is essential if facilities are to be made available to the people in all sections, and a necessary preliminary to such intelligent planning is a complete and detailed survey of existing institutions.

LEGISLATURE PROVIDES FOR SURVEY

Such a survey in California is being carried out by the State Department of Public Health and was made possible by legislation enacted at the 1946 special session of the legislature. This act provides for the making of a survey of the hospital and health center facilities and needs of the state and the developement of a program for the construction of hospitals and health centers. There is also created a State Advisory Council on Hospital Facilities to consult with and advise the State Department of Public Health in carrying out the purposes of the act. Further, the State Department of Public Health is designated the sole agency to make application on behalf of this state for any federal funds, to accept such funds and provide for their expenditure to assist in future construction.

The Association of California Hospitals, through its officers and members, has cooperated whole-heartedly with the Bureau of Hospital Surveys in the task of conducting a study of the 566 institutions giving active in-bed care in California, excluding federal and custodial facilities.

To date, 420 questionnaires have been returned. These will be sent to the office of the Commission on Hospital Care in Chicago and the data transferred to duplicate sets of punch cards. One set will be retained at headquarters to form part of the nation-wide picture, the other will be returned to the office of the State Department of Public Health where utilization of the information will enable the Bureau to estimate the adequacy of present facilities in the various parts of the state and then to evolve recommendations as to where and what types of institutions are necessary to make such facilities available to all the people. Such planning and resulting recommendations must, as stated above, be done and made on a state-wide basis and include recommendations for the extension of and addition to certain already existing facilities, as well as new construction in areas devoid of such conveniences.

STUDY TO AVOID COSTLY ERRORS

Before making definite recommendations as to site, size and type of facility, each community must be carefully studied if costly errors are to be avoided. Many factors will have to be considered thoroughly, such as population and population trends; relation to urban areas; income level and standards of living; distance, as influenced by topography, roads and means of transportation. These are among the many factors which decide the area to be served, the number of beds and the support that will be accorded the completed facility.

Today it is especially important that careful planning precede the erection of added facilities, as the cost of hospital service and construction has more than trebled during the past few years. Unless there is close cooperation between an economical hospital administration, a wholehearted community and professional support, the cost of maintaining a hospital may prove prohibitive for those seeking care.

There are today two channels through which financing of non-profit hospital facilities may be augmented.

In California, Senate Bill 586 relates to the establishment, organization, government and powers of hospital districts. Under this act a petition signed by registered voters of the proposed district is the first step. The necessary signatures must equal in number at least 15 per cent of the number of votes cast in the proposed district for the office of governor at the last preceding election at which a governor was elected. Such petition is presented to the supervising authorities of the county, precincts are established and if a majority of the vote is favorable, within each county's supervisorial district, the supervising authority shall declare the district duly organized. Such districts may include incorporated or unincorporated territories or both, but may not include part of a county having a population in excess of 200,000. The number of written protests required to terminate the proceedings shall be a majority of the registered voters residing in the proposed district.

A hospital district is administered by a board of directors and may raise funds in one of three ways: annual

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assessment up to 20 cents for each hundred dollars of the assessed value of all taxable property within the district, special assessment if two-thirds of the voters of the district approve, or by bonds also calling for similar approval by the voters of the district.

The second means of aiding construction is by federal funds. The Hill-Burton Bill was recently enacted into law and proposes federal assistance to the states. The bill, as passed, appropriates funds on a matching basis (33 1/3 per cent federal funds to 66 2/3 per cent local) for the purpose of assisting the states in carrying out the survey of present facilities, determining the need for construction and developing a program for construction of such public and other nonprofit institutions as will furnish adequate hospital, clinic and similar service to all the people. Three million dollars was appropriated for this purpose.

In addition the act authorizes appropriation of $75,000,000 annually for a period of five years for the construction of public and other non-profit hospitals. If and when such monies become available California will stand to receive approximately $1,900,000 a year for the five-year period. This likewise will be available for 33 1/3 per cent of approved projects presenting reasonable assurance that adequate financial support will be available for their construction as well as maintenance and operation when completed.

Four walls and beds are but one factor in supplying hospital needs in a community. The quality of service offered the public and the availability of physicians determine the standards of the institution. While proper facilities go a long way toward attracting physicians, adequate income must be assured as well as opportunities for further study and the availability of advantages often lacking in isolated areas.

As a result of this survey, it is hoped a program will be evolved that will plan a system of hospitals and health centers each supplementing the others rather than competing. That this must ensue is obvious if proper standards are to be maintained and the type of service made available that will justify the existence of the institution.

Surplus Equipment Orders Exceed Supplies

California medical veterans awaiting or planning purchase of medical equipment from war surplus stocks are cautioned by the Los Angeles and San Francisco regional offices of the War Assets Administration that demand for popular, major items far exceeds supply.

Medical equipment set aside for sale to medical veterans has been apportioned regionally on the basis of veteran population of the 33 WAA regions in the United States, but quantities so far allocated are comparatively small and well below orders already on hand.

To permit a nation-wide inventory and a count of veterans by WAA regions, sales of medical equipment and supplies were "frozen" last June 10. The "freeze" was lifted August 23, and the new apportionment formula was placed in effect. Distribution is now in progress, with priority holders being notified as rapidly as items on their priority lists are allotted to the two California regional offices.

Under the new formula, the Los Angeles WAA office receives 4 per cent and the San Francisco offices 3 per cent of WAA stocks of medical equipment. A comparison of orders on hand, for which priorities have been issued, with the total of allocations for the two California regional offices under the new plan indicates the unbalanced demand-supply situation. For seven popular, major items of medical equipment those figures are:

	Los Angeles		San Francisco	
Item	Orders	Allotments to Sept. 23	Orders	Allotments to Sept. 23
Diathermy apparatus	192	0	35	0
Basal metabolism machines	112	3	37	0
Electrocardiographs	136	0	28	0
Medical x-ray machines	265	38	50	18
Examining tables	162	21	75	2
Operating tables	83	25	35	94
Microscopes	249	4	204	0

The new apportionment policy corrects a confused and unbalanced condition created by handling of war surplus by seven federal agencies, before surplus sales were centralized in WAA on March 25, 1946. It also distributes to all WAA Regions, medical equipment formerly available only in those regions where warehouses of the medical sections of the services were located. As there were no such warehouses in California, very few major items were available in this state until the new plan went into effect.

In spite of the demand-vs.-supply situation of major items, WAA invites medical veterans who have not obtained their priority certificates to file applications at their earliest convenience. Some items, particularly of supplies (as distinguished from equipment) will be in such quantity that most priority holders will be able to fill their needs. Such orders are filled in the numerical order of priority certificates, which means that the earlier the certificates are obtained the sooner the order is filled

REFRESHER COURSE ON DIAGNOSIS OF NEOPLASTIC DISEASE

The California Cancer Commission, with the support of the California Division of the American Cancer Society, will present early next year a refresher course for the general physician under the supervision of the Tumor Board of the Los Angeles County General Hospital.

The course will be held from January 6-8, 1947, inclusively, with day and evening clinics. Hotel reservations are anticipated for members and wives who may desire to attend. Accommodations are planned for one hundred physicians.

The program is aimed to cover all the usual types and locations of cancer and allied diseases with special emphasis on information and procedure pertaining to diagnosis. The presentation will include tumor pathology, patient demonstrations whenever possible, and illustrated didactic lectures in all the specialties. Instructors are selected from the faculties of the Univeristy of Southern California Medical School and the College of Medical Evangelists according to their specialties in the connection with the Tumor Board of the Los Angeles County Hospital.

The California Division of the American Cancer Society, in sponsoring this program, has made the course available to any physician in Southern California without charge.

Since facilities limit the accommodations, reservations are now being accepted, and the Cancer Commission asks that interested physicians send their applications at once

to Edward M. Butt, M.D., 1930 Wilshire Boulevard, Los Angeles 5, California.

Schedule of the three-day refresher course follows:

MONDAY, JANUARY 6, 1947

9:00 a.m.—Welcome by the Cancer Commission—Dr L. C. Kinney, Chairman.

9:15 a.m.—The Opening of the Refresher Course—Dr. B. O. Raulston.

9:30 a.m.—General Tumor Pathology—Dr. Ernest M. Hall.

9:50 a.m.—Historical Development, The Cancer Problem—Dr. Ian Macdonald.

10:30 a.m.—Experimental Cancer Research — Dr. H. Pearson.

11:00 a.m.—Biochemistry of Growth—Dr. Duel.

11:30 a.m.—Theories on the Nature of Cancer—Dr. Edward M. Butt.

12:00 noon—Luncheon.

Dr. H. P. Jacobson, Chairman

1:00 p.m.—The Biopsy—Dr. John Budd.

1:30 p.m.—New Patient Clinic—Dr. Leo M. Levi, Dr. Ian Macdonald.

3:00 p.m.—Tumors of the Skin—Dr. Maximilian E. Obermeyer.

5:00 p.m.—Pathology—Dr. Nelson P. Anderson.

Surgery—Dr. William S. Kiskadden.

Radiation—Dr. Horwitz.

7:00 p.m.—Dinner.

8:00 p.m.—Joint Meeting with Surgery Section of the Los Angeles County General Hospital—Dr. C. J. Berne, Chairman.

Tumors of Thyroid—Dr. Isaac Y. Olch.

Tumors of Stomach—Dr. E. J. Joergensen.

Tumors of Colon—Dr. Phillip Cunnane.

Tumors of Rectum—Dr. William H. Daniel.

Roentgenographic Summary — Dr. Wilbur Bailey.

TUESDAY, JANUARY 7, 1947

Dr. Leroy Sherry, Chairman.

9:00 a.m.—Surgical Pathology—Dr. L. J. Tragerman.

10:00 a.m.—Tumor Surgical Clinic—Dr. C. J. Berne.

12:00 noon—Luncheon.

1:00 p.m.—Oral, Pharyngeal, Laryngeal Tumors—Dr. J. McKensie Brown, Chairman.

Larynx—Dr. Simon Jesberg.

Pharynx—Dr. Stewart Harrison.

Oral—Dr. George Sharp.

3:00 p.m.—Chest Tumors—Dr. John Jones.

4:00 p.m.—Brain and Cord Tumors—Dr. Cyril B. Courville, Dr. Rupert B. Raney.

7:00 p.m.—Dinner.

8:00 p.m.—Genito-Urinary Tumors — Dr. Alvin G. Foord, Chairman.

Tumors of Bladder—Dr. J. J. Crane.

Tumors of Prostrate—Dr. H. C. Bumpus, Jr.

Tumors of Kidney—Dr. Donald A. Charnock.

9:00 p.m.—Bone Tumors—Dr. Paul McMasters.

Benign Tumors—Dr. Keasby.

WEDNESDAY, JANUARY 8, 1947

9:00 a.m.—Tumor Board—Dr. H. P. Jacobson, Chairman.

11:00 a.m.—The General Physician's Obligation to Neoplastic Disease—Dr. Wilbur Bailey.

The Legal Responsibility of the General Practitioner to Neoplastic Disease — Dr. Louis J. Reagan.

12:00 noon—Luncheon.

1:00 p.m.—Gynecological Clinic—Dr. William E. Costolow, Chairman.

Pathology—Dr. Curtis.

Cancer of Cervix—Dr. Leo M. Levi.

Cancer of Fundus—Dr. Henry N. Shaw.

Tumors of Ovaries—Dr. Herman S. Hendrickson.

3:00 p.m.—Leukemia—Dr. G. Carpenter.

Hodgkin's Disease—Dr. George Sharp.

7:00 p.m.—Dinner.

8:00 p.m.—Breast Seminar—Dr. Lawrence Chaffin, Chairman.

Pathology—Dr. Hugh A. Edmondson.

Method of Biopsy—Dr. Alvin G. Foord.

Benign Tumors—Dr. Ian Macdonald.

Cancer

The Radical Mastectomy—Dr. C. J. Berne.

INDUSTRIAL INJURY REPORTS MANDATORY

The California Labor Code in Section 6407 requires every physician or surgeon who attends an injured employee to file with the Division of Labor Statistics and Research of the California Department of Industrial Relations a complete report of injury. These reports are prepared on Form 21, "Physician's or Surgeon's Report of Injury" furnished by the Department.

The Division of Labor Statistics and Research is formulating a program to compile current and detailed statistics of industrial injuries for California for accident prevention purposes and all physicians and surgeons are urged by the Department to file *promptly* the reports required by law. Punctual filing of the reports will expedite payment of compensation benefits to injured workers and also payment of the doctor's fee, the Department says.

The Physician's or Surgeon's Report of Injury should be sent to the Division of Labor Statistics and Research, 507 Polk Street, San Francisco 2. Forms can be secured by writing to that address.